

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 127 86

FILING DATE

11-50-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND.	44		
TOTAL DEP.	34	34	34
TOTAL CLAIMS	38	38	38

TOTAL IND.			
TOTAL DEP.			
TOTAL	100	100	100